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Applicability:	**Regional Centers**

General:

There has been an eight-fold increase in latex-glove usage since 1989 when the Center for Disease Control and Prevention (CDC) issued "Universal Precautions." OSHA then released "Occupational Exposure to Bloodborne Pathogens; Final Rule" on December 6, 1991. The increase in glove use preceded reports of an increase in latex sensitivity/ allergy. Nationally, the Americans with Disabilities Act (ADA) require that employers make reasonable accommodation for latex-sensitive employees. The FDA issued a requirement in 1997 for all products containing latex to be labeled as such. NIOSH has also issued a NIOSH alert regarding the risk of developing latex sensitivity and becoming allergic to latex. Latex gloves, specifically powdered latex gloves, are the main offender. Any gloves used by employees providing direct care or hands-on services should be comparable to latex in barrier protection. Many products are available that meet these criteria.

Latex-sensitized individuals can develop a wide range of IgE-mediated allergic responses, including immediate contact and systemic urticaria, allergic conjunctivitis, rhinitis, asthma and even anaphylaxis. Although the prevalence of latex allergy in the general public is low; probably less than 1.0 percent, the risk of becoming sensitized to latex for the health-care workers ranges from 8-17 percent.

I. Purpose:

The SCDDSN regional centers will plan and implement steps to provide a latex safer living and working environment on the campuses.

II. Policy:

It is the policy of the South Carolina Department of Disabilities and Special Needs to recognize and reduce the potential risk of latex sensitivity. The following steps will accomplish this.

A. Identify those with known risk for latex sensitization and/or latex allergy.
B. Educate staff regarding the potential problem and ways to reduce it.
C. Select and implement measures that will help create a latex-safer environment.

III. Definitions:

A. Latex - natural rubber product used to make latex gloves as well as many products used in health care and in the community (i.e., various types of tubing, bandages, balloons, elastic, etc.).

B. Risk factors - populations at particular risk for latex-sensitivity/allergy are as follows:

1. People with spinal bifida
2. Those with congenital urinary anomalies
3. Health-care workers
4. Rubber-industry workers
5. History of latex sensitivity
6. History of sensitivity to banana, avocado, kiwi, chestnuts, pineapple or passion fruit
7. History of multiple medical and/or surgical procedures
8. History of non-medical-related anaphylactic reaction during anesthesia

C. Reactions to latex - the three types of reactions associated with latex gloves are:

1. Irritant Contact Dermatitis (non-allergic, non-life threatening). The most common reaction is dry, itching, burning areas of redness within the boundary of the gloved area. Can be caused by other chemical irritants associated with gloving (e.g., soaps).

2. Allergic Contact Dermatitis (delayed-type hypersensitivity: Type IV, non-life threatening). It results from exposure to chemicals added to latex. The poison ivy-looking rash begins 24 to 48 hours after contact and spreads outside of the skin area touched by latex. People who are prone to allergies would be more susceptible to this reaction.

3. Urticaria (Latex allergy, immediate type of hypersensitivity: Type I, life threatening. The reaction can occur within minutes of exposure to latex or can be hours later. The effected area may extend beyond glove boundary and become systemic. Symptoms can include hives, swelling, watery eyes, runny nose, difficulty breathing, abdominal cramps, dizziness, low blood pressure, rapid heart rate and anaphylactic shock. People with particular susceptibility are those with spinal bifida, occupational exposure (e.g., health care) and genetic predisposition (prone to allergies).

IV. Procedure:

A. Responsibilities of the regional centers:

1. Employees

a) Provide to staff non-latex gloves and other personal protective equipment that meets standards for barrier protection and reduce exposure to latex.

b) Provide educational programs and training to staff about latex allergies.

c) Administer an oral or written latex-sensitivity screen to employees for risk factors.

d) Refer employees exhibiting latex allergy symptoms (urticaria) for evaluation by a physician.

e) For those evaluated by a physician for latex sensitivity and/or allergy, provide non-latex gloves, personal protective equipment and assess the work environment as recommended. Reasonable accommodations will be made as deemed necessary.

f) Each regional center will provide a list of alternative non-latex medical products that can be substituted for products containing latex.

2. Individuals living at regional centers

a) Assess all the individuals living at the regional centers for latex sensitivity/allergy risk factors. File the assessment in the individual's health record next to Immunization Record. Referrals will be made for definite diagnosis (see Appendix A).

b) Identify each person's latex-sensitivity/allergy on their Major Problem List and on all consultation forms, Medication Administration Records (MARs) and Physician Orders.

c) For individuals with a definitive diagnosis of latex allergy, further assessment of the living/program areas will be done. Non-latex alternative products will be provided.

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Attachment follows:

ASSESSMENT FOR LATEX SENSITIVITY/ALLERGY RISK FACTORS

FILE #:_____

NAME: _____ DATE: _____

1. _____ Multiple medical or surgical procedures
2. _____ Spina Bifida
3. _____ Congenital urinary anomalics
4. _____ Sensitivity to banana, avocado, kiwi, chestnuts, pineapple or passion fruit
5. _____ Asthma or hayfever
6. _____ Unexplained allergic anaphylatic reaction during a medical procedure
7. _____ Immediate swelling, redness or itching after contact with something made from latex such as gloves, a gastrostomy tube, Band-Aids, a foley catheter or dental supplies